

Name
In
Full

George E. Bishop

CERTIFICATE OF DEATH

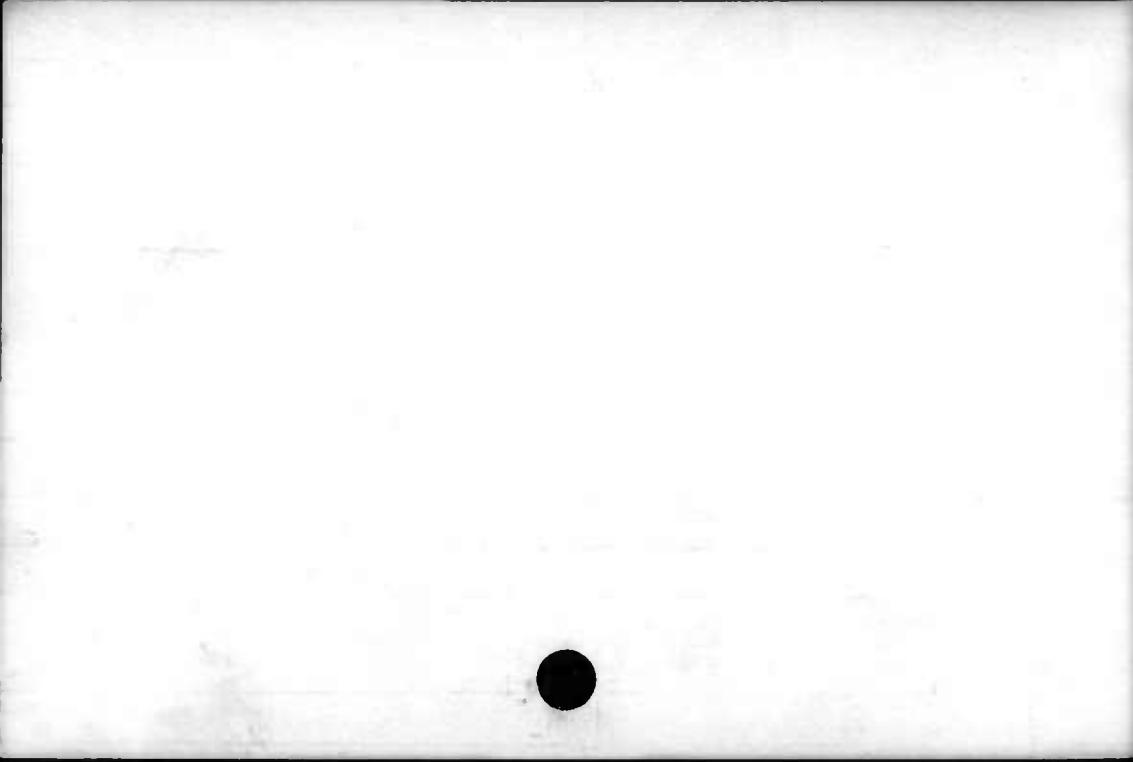
TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days	
12		12	24			4		
Sex		Color or Race			Birth-place			
male					Worcester			
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name				Father's Birthplace				
G. O. Bishop				Md				
Mother's Maiden Name				Mother's Birthplace				
Addie Ryckman				N. Y.				
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis 90	How long	several weeks
Immediate	General exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yy		J. H. Miller	
		Address	
		Worcester	
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Bishop

Town

County

Died at

Pocomoke City Worcester

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Dec 10 Age 23

Maryland House Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living none

~~Husband~~

of

Father's Name Jim Bishop

Mother's

Name Sarah

Cause of

Primary

Unknown

64

How long sick

without warning

Death

Immediate

Probably Apoplexy

Accident, Suicide, Homicide

Reported by

J J Leaster

Address

Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

1325-
 825-
 6625-
 2650
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 1093125-

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 217800
 4125-

E. W. Polko
 Quit 22.50
 No. 8690

Name in Full

Certificate of Death

Infant

Died at ^{Town} Stockton ^{County} Worcester ^{State} MASSACHUSETTS MARYLANDDate 19 02 ^{Month} 12 ^{Day} 6 Age 2 ^{Y.} 2 ^{M.} 2 ^{D.} 2 ^{Native of} ma ^{Occupation}~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Chas Blake ^{Mother's} Harriet Lucie ^{Maiden Name}Cause of Death { Primary Heart failure How long sick
Immediate Heart failure Accident, Suicide, HomicideReported by Geo H Rowley & Bro undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John B Bradford* Town *Snow Hill* County *Worcester* MARYLAND

Died at *Snow Hill* *Worcester*

Date of death 1902 Month *12* Day *29* Age *14* Years Months *2* Days *23*

Sex *male* Color or Race *white* Birth-place

Married, Single or Widowed *single* Occupation

Name of Wife or Husband

Father's Name *John Bradford* Father's Birthplace

Mother's Maiden Name *Belle Bradford* Mother's Birthplace

Name of person giving information *Chas Jones* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

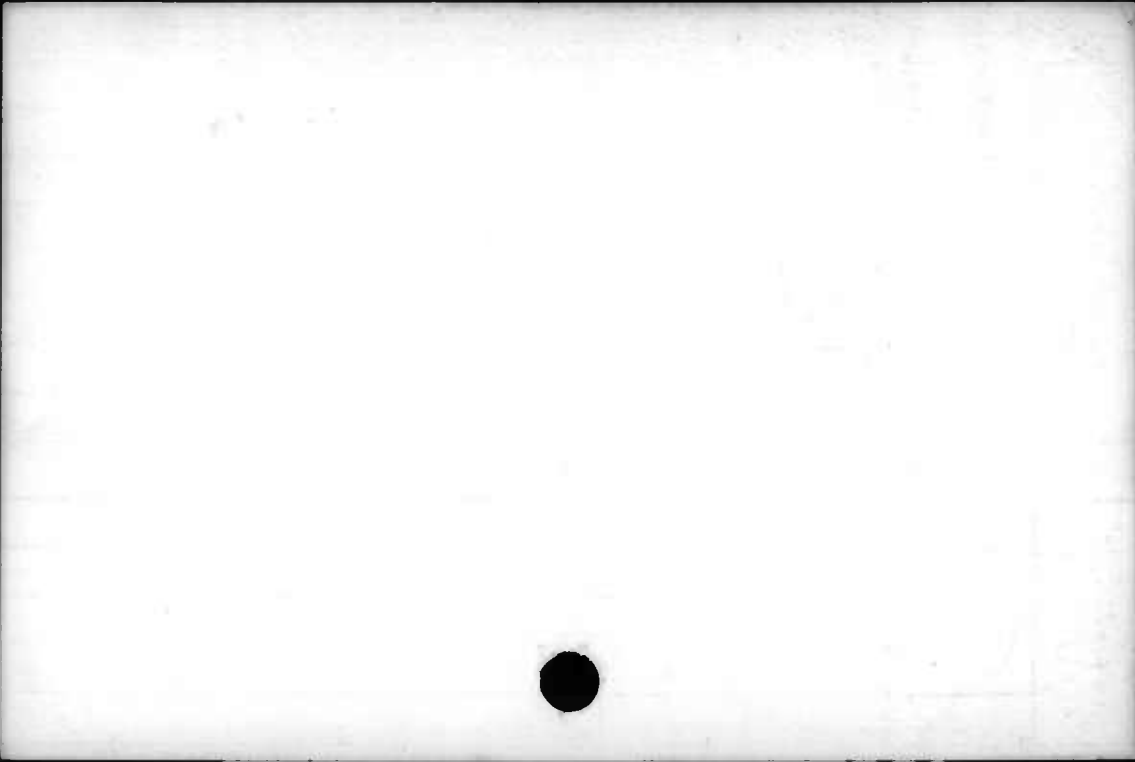
Primary *Consumption* How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of *W T Hearn* Address *Snow Hill*

Accident or Suicide?



Name
in
Full

Baby Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Williams church</i>		County <i>Horchester</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>28</i>	Age	Months <i>Two</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed			Occupation <i>Babe</i>		
Name of Wife or Husband					
Father's Name <i>Geo W Brittingham</i>			Father's Birthplace <i>Horchester MD</i>		
Mother's Maiden Name <i>Annie L Hard</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Geo W Brittingham</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Low Throat Gas</i>	How long	<i>1 Month</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None in attendance</i>	
		Address <i>Stevensburg of Bro Wm. L. L. L.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Name in Full *Clarissie Cary*
 Died at *Bishopville* Town *Worcester* County *MARYLAND*
 Date 19 *02* Month *12* Day *22* Y. *63* M. *63* D. *63* Native of *Md.* Occupation *House work*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living *4*
 Husband of *Robert Cary*
 Wife *Robert Cary*
 Father's Name *David Loring* Mother's Maiden Name *Clarissie Cary*
 Cause of Death { Primary *Paralytic stroke* *64* How long sick *5 Days*
 Immediate *No* Accident, Suicide, Homicide
 Reported by *Santer Watson* *By Rayne*
 Address *Belbyville Del* *Bishopville*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Md.*



Name
in
Full

CERTIFICATE OF DEATH

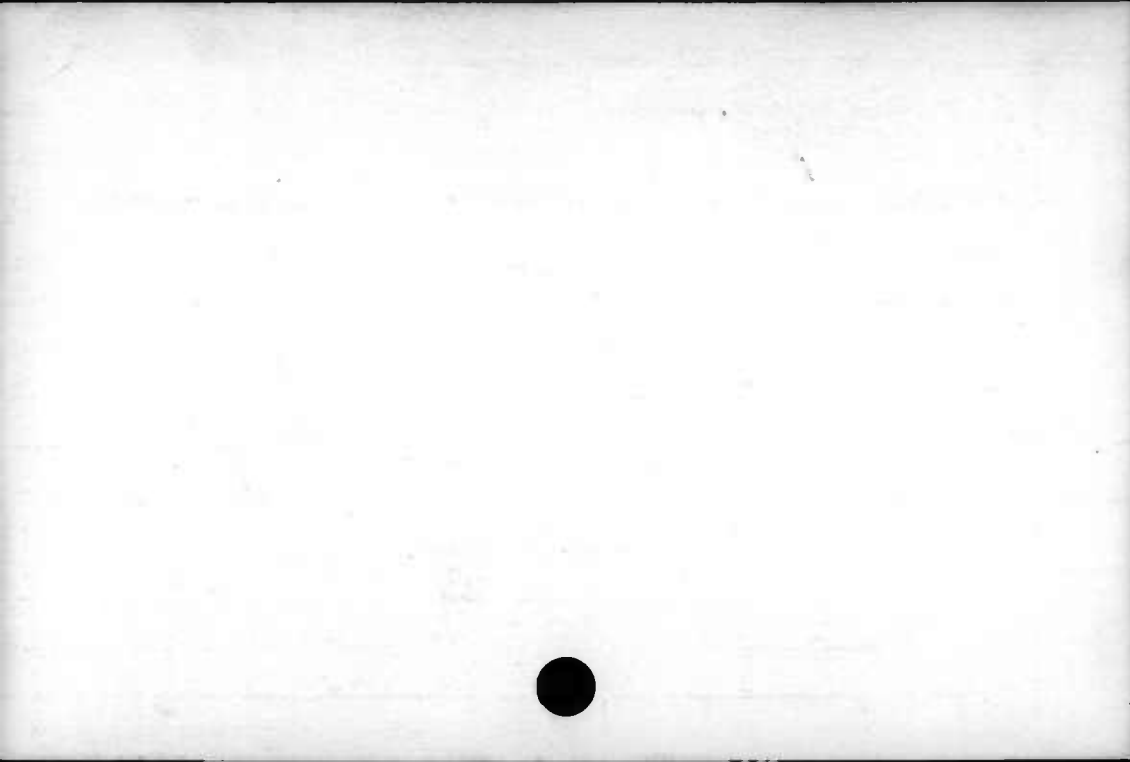
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Symposium</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1902</i>	Month <i>12</i>	Day <i>10</i>	Age <i>40</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name <i>David Coffin</i>			Father's Birthplace <i>Worcester</i>		
Mother's Maiden Name <i>J. E. Wise</i>			Mother's Birthplace <i>"</i>		
Name of person giving information			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. E. Dirichson</i>
	Address <i>Berlin</i>
Accident or Suicide?	<i>gud</i>



Name
in
Full

Barnia Collins

CERTIFICATE OF DEATH

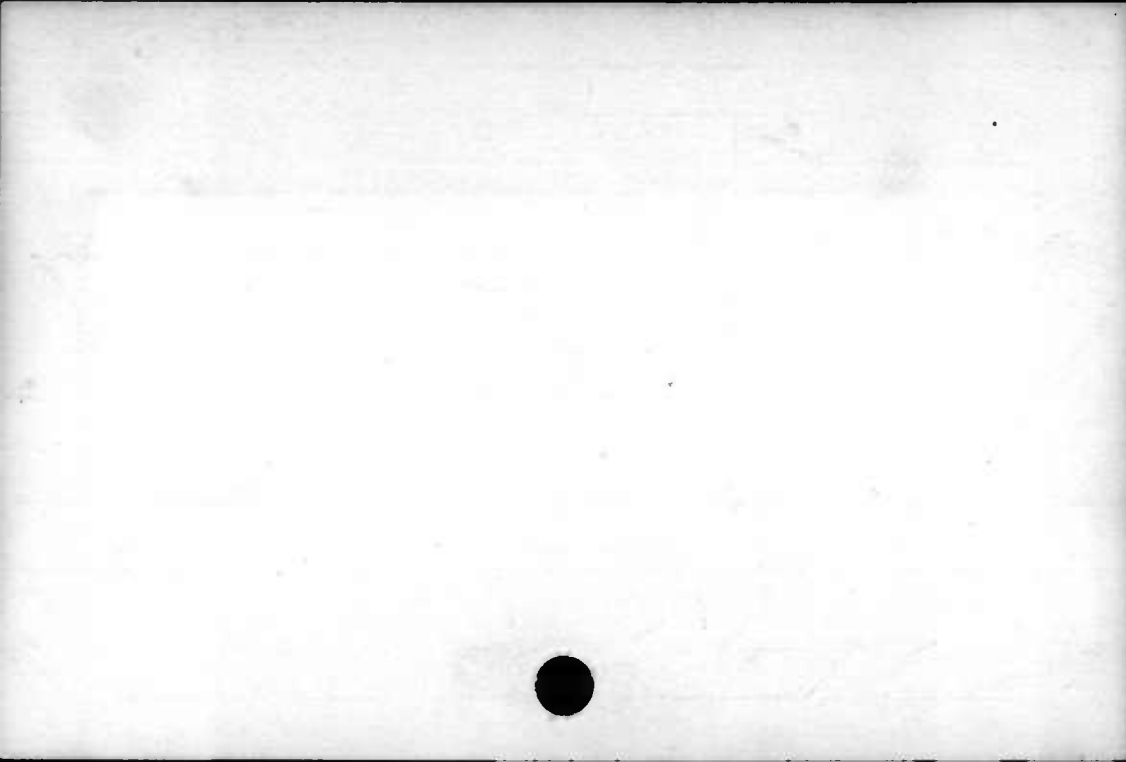
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snowsice</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>18</i>	Years <i>17</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>light-</i>		Color or Race <i>colored</i>		Birth-place <i>Shelton Md.</i>	
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or <i>son</i> Husband					
Father's Name <i>George Henry Collins</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Susan Ross</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Chas. Purcell</i>			How related to deceased <i>17 years</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Slid-Slide</i>	How long <i>163</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William S. Williams</i>
<i>Snowsice</i>	Address <i>Worcester County, Maryland</i>
Accident or Suicide?	



Mrs Ida Cropper
 Died at *Ocean City* Town *Worcester* County MARYLAND

Date 1902 *Dec 13* Month *Dec* Day *13* Y. *24* M. *24* D. *24* Native of *Maryland* Occupation *Domestic*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ *Widower* ~~Number of children living~~

Husband of *John Cropper*
 Wife
 Father's Name Mother's Maiden Name

Cause of Death { Primary *Tuberculosis* Immediate
 How long sick *about 6 or 7 months*
 Accident, Suicide, Homicide

Reported by *J. B. Baggett M.D.*
 Address *Ocean City Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Davis

Died at ^{Town} Near Berlin ^{County} Worcester

MARYLAND

Date ¹⁹⁰² ^{Month} Dec ^{Day} 6 Age ^{Y.} 45 ^{M.} ^{D.} Native of ^{U.S.} Occupation ^{Farmer}
 Male White Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living 7

Husband
of
Wife

Father's Name James Davis
 Mother's Name

Cause of Death { Primary Pneumonia
 Immediate Pneumonia
 How long sick 93 12 days
 Accident, Suicide, Homicide

Reported by J. W. Roberts. M.D.
 Address Berlin, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Alvin Davis*
 Died at *Endicott* Town *Horchester* County *MARYLAND*

Date 1902 *12 21* Month *12* Day *21* Y. *6* M. *6* D. *6* Native of *Ind* Occupation *Ind*
 Male *White* Married *Single* Widowed *Widower* Divorced *Number of children living*
 Female *Colored*

Husband of *James Davis*
 Wife of *Annis Jarr*
 Father's Name *James Davis* Mother's Maiden Name *Annis Jarr*

Cause of Death { Primary *Typhoid Malarial Fever* How long sick *About 2 weeks*
 Immediate *Heart Exhaustion* Accident, Suicide, Homicide

Reported by *Chas. V. Bunnell, M.D.*
 Address *Endicott* *Horchester*



Name
in
Full

James Griffin

CERTIFICATE OF DEATH

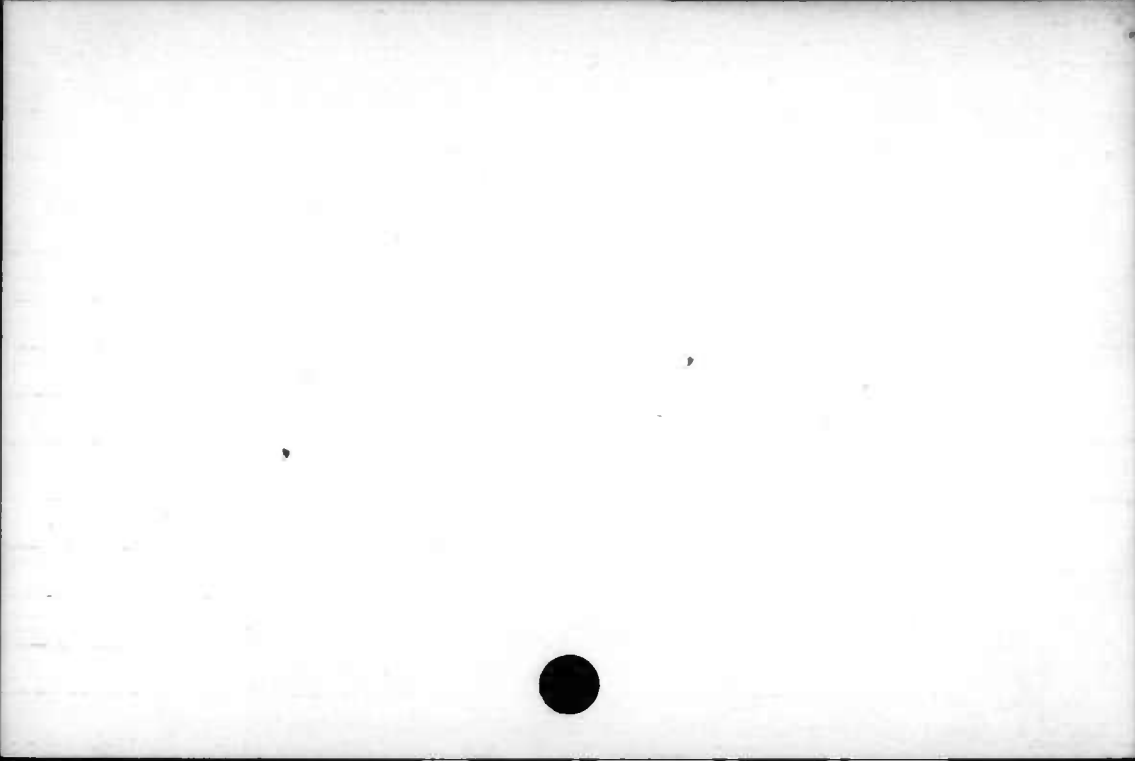
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i>		Town <i>Berlin</i>		County <i>Monroester</i>		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>7</i>	Age <i>18</i>	Years	Months <i>X</i>	Days <i>X</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Berlin</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>X</i>		<i>X</i>					
Father's Name <i>John Griffin</i>				Father's Birthplace <i>near Berlin</i>			
Mother's Maiden Name <i>Coffin</i>				Mother's Birthplace <i>near Berlin</i>			
Name of person giving information <i>Edmund W. Wiersma</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>40 days</i>
Immediate <i>Perforation of Intestine</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edmund W. Wiersma</i>
<i>X</i>	Address <i>Berlin Md</i>
Accident or Suicide? <i>X</i>	<i>X</i>



Name
in
Full

John I Hammond M D

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Berlin		County Annetto		MARYLAND	
Date of death 1902	Month Dec	Day 6	Age 72	Years	Months +	Days +	
Sex Male		Color or Race White		Birth- place near Berlin			
Married, Single or Widowed		Married		Occupation Physician			
Name of Wife or Husband		Esther P Hammond					
Father's Name		Edward				Father's Birthplace near Berlin	
Mother's Maiden Name		Elizabeth Victor Hammond				Mother's Birthplace	
Name of person giving in formation		Edmund J D Wicksen				How related to deceased distant Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy & Chronic Bright's		How long	Two years
Immediate	Heart Failure		How long	immediately
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Edmund J D Wicksen	
			Address Berlin Maryland	
Accident or Suicide?			+	



Name
in
Full

Charlotte Ann Irving

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death 190	Month Dec.	Day 5th	Age 65-	Years		Months	Days
Sex light-		Color or Race Colored		Birth- place unknown			
Married, Single or Widowed Married		Occupation Midwife					
Name of Wife or Husband J. Irving Irving							
Father's Name Anfros Riley				Father's Birthplace unknown			
Mother's Maiden Name Susan Franklin				Mother's Birthplace unknown			
Name of person giving In formation Lura Irving				How related to deceased Sister & son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tumor.	How long	12 months
Immediate	No.	How long	6 months
Are the name, age, sex, color date and place correctly given above?		Signature of Physician William S. Arctian	
Snow Hill		Address Worcester Maryland	
Accident or Suicide?			

John Taylor

Certificate of Death

Certificate of Death

Died at

Date 19 02

Month 7 Day 1

Day

Age

 γ_4

M.

D.

Native of

Occupation



Married

WTDW

~~Dividend~~

Femelle

Colored

Simple

~~Widower~~

Number of children living

Husband

Wife

Father's

Name _____

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

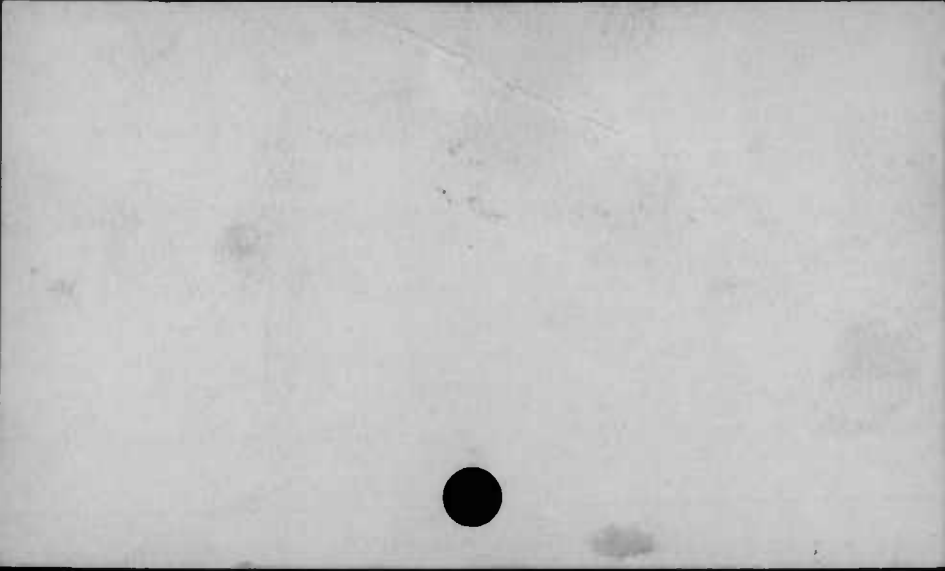
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name in Full		Arvey A. Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Snow Hill			Worcester			
	Date of death 190	2	Month	12	Day	9	Age
				Years		Months	Days
	Sex	male		Color or Race	White		Birth-place
					Snow Hill		
	Married, Single or Widowed	Single		Occupation		none	
Name of Wife or Husband							
Father's Name		R. C. Lewis				Father's Birthplace	
Mother's Maiden Name		Florence Lewis				Mother's Birthplace	
Name of person giving information		John Taylor				How related to deceased	
						none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?					179	
	Signature of Physician						
Address							
Accident or Suicide?							



Name
in
Full

Henry Lang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Warr Pocomoke</u> ^{County} <u>Worcester</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>12</u>	Day <u>22</u>	Age <u>67</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Worcester Co.</u>	
Married, Single <u>or Widowed</u>		Occupation <u>Fireman</u>	
Name of Wife or Husband <u>Mary A Long</u>			
Father's Name <u>—</u>		Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>	
Name of person giving information <u>—</u>		How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rheumatism</u>	How long <u>some weeks</u>
Immediate <u>Heart Failure</u>	How long <u>some hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. N. Willis</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	



James Nelson
 Died at ^{Town} Stockton ^{County} Worcester ^{State of} MARYLAND
 Date 1902 12/4 - Age 71 - Native of Md. Occupation
 Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~
~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife
 Father's Name James Nelson Mother's Name Martha Marton
 Maiden Name

Cause of Death Primary Heart failure
 Immediate Heart failure How long sick
 Accident, Suicide, Homicide

Reported by Geo H Rowley & Bros undertakers
 Address Stockton Md



Name
in
Full

CERTIFICATE OF DEATH

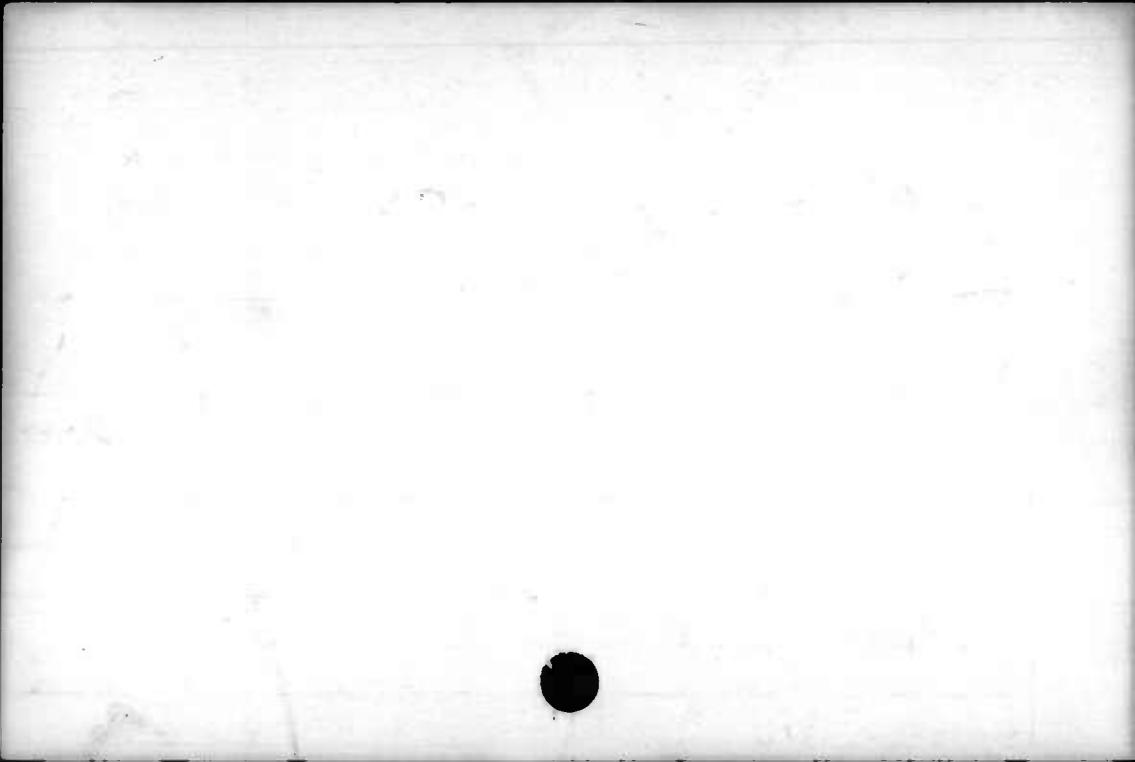
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	2	Dec	11	Age	65		
Sex	Male		Color or Race	Colored		Birth-place	Snow Hill
Married, Single or Widowed	Married		Occupation	Laborer			
Name of Wife or Husband	Lyndia Robins						
Father's Name	Abel Smith					Father's Birthplace	unknown
Mother's Maiden Name	Lucy Smith					Mother's Birthplace	unknown
Name of person giving information	Lewis Y. Robins					How related to deceased	18 years

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	unknown	How long	2 months
Immediate	no	How long	179
Are the name, age, sex, color, date and place correctly given above?	Yes.		
Signature of Physician	William S. McLean		
Address	Snow Hill, Maryland		
Accident or Suicide?	no		



Died at		Town <i>Wey's Grange</i>		County <i>Worcester</i>		MARYLAND	
Date 1902		Month <i>12</i>	Day <i>22</i>	Y. <i>0</i>	M. <i>0</i>	D. <i>0</i>	Native of <i>Maryland</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Number of children living					
Wife		<i>Infant Born Dead</i>					
Father's Name		<i>Mr Ross.</i>		Mother's Maiden Name		<i>Emma Townsend</i>	
Cause of		Primary				How long sick	
Death		Immediate				Accident, Suicide, Homicide	
Reported by		<i>Chollitt Bonth Michoife</i>					
Address		<i>Wey's Grange and</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

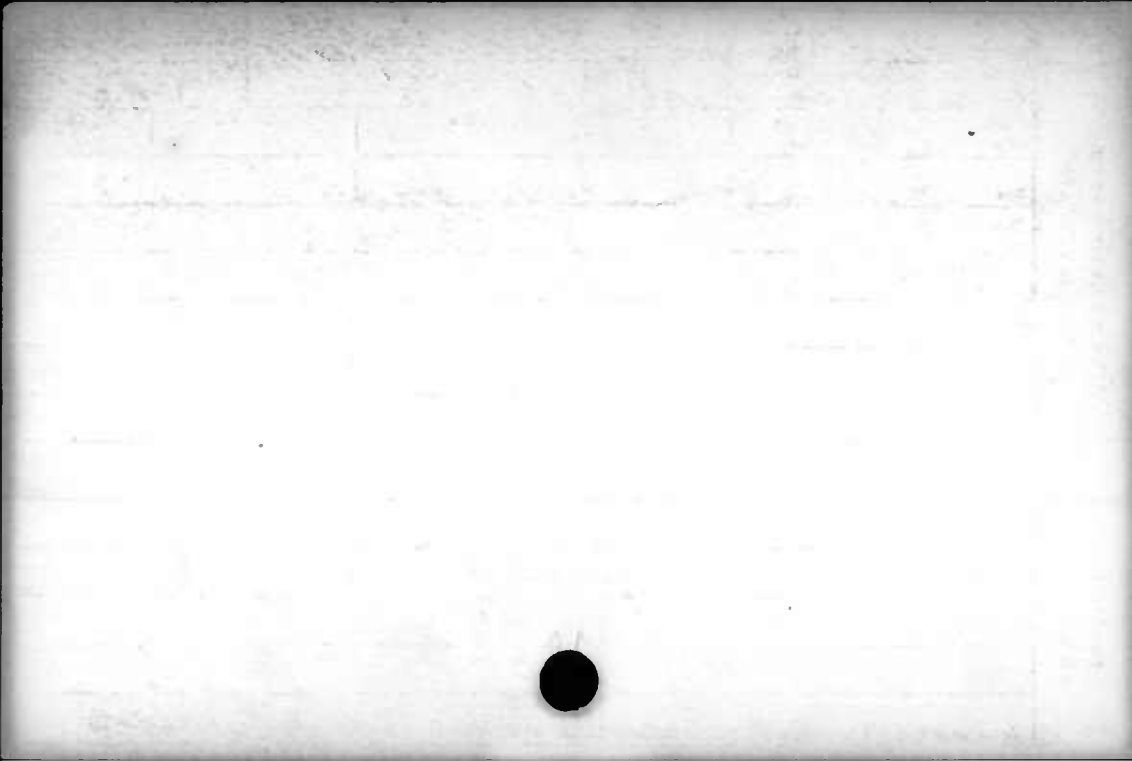
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 190	<u>2</u> ^{Month}	<u>12</u> ^{Day}	<u>5</u> ^{Years}	Age <u>about 21</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Stockton, Md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>none</u>		
Name of Wife or Husband <u> </u>					
Fether's Name				Father's Birthplace	
Mother's Maiden Name <u>Hester Rowley</u>				Mother's Birthplace	
Name of person giving information <u>Joseph Smith</u>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>consumption</u>	<u>7</u> months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. T. Hearned, undertaker</u>
	Address <u>Snow Hill, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Stella Hamwright-

Town

County

MARYLAND

Died at

Faylorville

Worcester

Date

Month

Day

Years

Months

Days

of death

1902

12

5

Age

9

Sex

Female

Color or
Race

White-

Birth-
place

Faylorville

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Samuel Hamwright-

Father's
Birthplace

Worcester

Mother's
Maiden Name

Mary Lynch

Mother's
Birthplace

do

Name of person giving
In formation

Stella Rodgers

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Consumption &c

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr R P Gorman
Bishopville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

